MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

Antibiotic Stewardship Policies & Procedures

LTC Antibiotic Stewardship

- CMS requires all long-term care facilities to have an antibiotic stewardship program by November 28, 2017

INFECTION CONTROL (§ 483.80)

- We are requiring facilities to develop an Infection Prevention and Control Program (IPCP) that includes an Antibiotic Stewardship Program and designate at least one Infection Preventionist (IP).

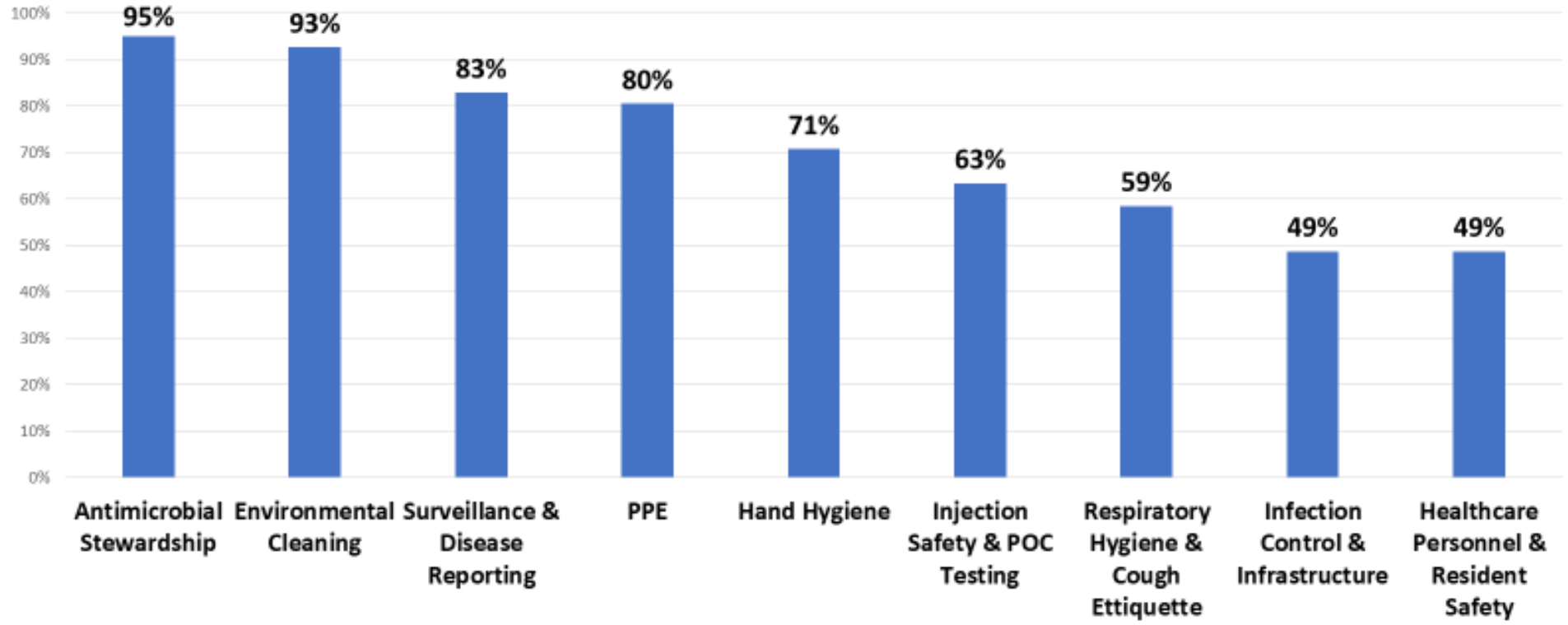
- In acute care settings, antibiotic stewardship programs show efficacy:
  - improving patient outcomes
  - reducing the incidence of C. difficile infections
  - decreasing the prevalence of some strains of antibiotic-resistant bacteria

Infection Control Assessment and Response (ICAR)

- A CDC tool to conduct infection control needs assessments
- 4 parts of the assessment:

1. Facility demographics
2. Infection control program and infrastructure
   - Infection Control Training, Competency, and Implementation of Policies and Practices
   - Systems to Detect, Prevent and Respond to Healthcare-Associated Infections and Multi-Drug Resistant Organisms
3. Direct observation of facility practices (optional)
4. Infection control guidelines and other resources

Facilities with at Least 1 Gap by Domain



ICAR Antibiotic Stewardship Domains

A. The facility can demonstrate leadership support for efforts to improve antibiotic use (antibiotic stewardship).

B. The facility has identified individuals accountable for leading antibiotic stewardship activities

C. The facility has access to individuals with antibiotic prescribing expertise (e.g. ID trained physician or pharmacist).

D. The facility has written policies on antibiotic prescribing.

E. The facility has implemented practices in place to improve antibiotic use.

F. The facility has a report summarizing antibiotic use from pharmacy data created within last 6 months. Note: Report could include number of new starts, types of drugs prescribed, number of days of antibiotic treatment) from the pharmacy on a regular basis

G. The facility has a report summarizing antibiotic resistance (i.e., antibiogram) from the laboratory created within the past 24 months.

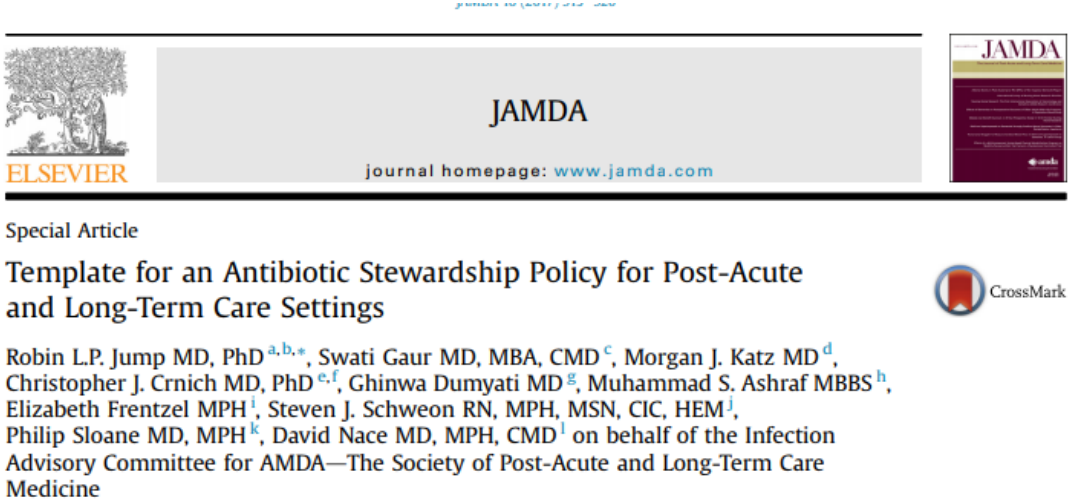
H. The facility provides clinical prescribers with feedback about their antibiotic prescribing practices. Note: If yes, facility should provide documentation of feedback

I. The facility has provided training on antibiotic use (stewardship) to all nursing staff within the last 12 months.

J. The facility has provided training on antibiotic use (stewardship) to all clinical providers with prescribing privileges within the last 12 months.

AMS Policy template

- The Society for Post-Acute and Long-Term Care Medicine convened a panel of experts to review the CMS requirements for participation focusing on antibiotic stewardship, to write an antibiotic stewardship policy template
  - Used resources including CDC, AHRQ, SHEA, IDSA



JAMDA

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Special Article

Template for an Antibiotic Stewardship Policy for Post-Acute and Long-Term Care Settings

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https://www.jamda.com/article/S1525-8610(17)30430-9/pdf

Antibiotic Stewardship Policy

Box 1. Antibiotic Stewardship Policy

Effective: (date)
Review Responsibility: (by role)
Review/Revision: (dates)

Centers for Medicare and Medicaid Services (CMS) Requirement

Long-term care facilities must develop an Infection Prevention and Control Program (IPCP) that includes an Antibiotic Stewardship Program and designate at least one Infection Preventionist (IP). Antibiotic stewardship programs should include antibiotic use protocols and systems for monitoring antibiotic use. (§ 483.80)

Policy Statement

The policy establishes directives for antimicrobial stewardship at (insert facility name) in order to develop *antibiotic use protocols and a system to monitor antibiotic use*.

Governance of Antimicrobial Stewardship

As part of the Infection Prevention and Control Program (IPCP), (insert facility name) has established a committee to oversee antimicrobial stewardship functions. The Infection Preventionist (IP), who is responsible for the overall IPCP, is an integral part of this committee.

The Antibiotic Stewardship Committee will meet at least quarterly and review this policy annually and as needed.

Antibiotic Stewardship Committee

- Establish a committee to oversee antimicrobial stewardship functions
- The Infection Preventionist (IP) who is responsible for the overall IPCP is an integral part of this committee.
- Other members may include:
  - Director or Assistant Director of Nursing
  - Medical Director or a designated physician
  - Consulting and/or Dispensing Pharmacist
  - Administrator
  - Nurse
  - Representative from the Resident and Family Council
- Should include at least 2 members. Adjust as needed for your facility

Antibiotic Stewardship Committee - Functions

- Reviewing antibiotic use data
- Identifying targets for stewardship
- Tracking outcomes data to assess change
- Sharing an annual written report
- Communicating AMS activities and protocols
- Providing education related to antibiotic stewardship
- Support and facilitate advanced training in antibiotic stewardship for the committee chair

Quarterly Committee Tasks

- Review general activities related to antibiotic stewardship, antibiotic use data and other data or materials
- Identify opportunities for improvement and develop actions plans to make those improvements
- Review progress on action plans

Antibiotic Use Protocols

- Assess residents for infection using standardized tools and criteria
- Prescribe antibiotics based on evidence
  - Use diagnostic criteria, appropriate diagnostic tests, etc. to choose appropriate empiric therapy
- Specify a dose, duration, and indication on all antibiotic prescriptions
- Reassess antibiotics after 2-3 days for appropriateness (antibiotic time-out)
- Whenever possible, choose narrow-spectrum antibiotics that are appropriate for the condition being treated

Antibiotic Time-Out

- Reassess the need for/appropriateness of antibiotics 2-3 days after initiation
- Opportunity for staff to consider results of diagnostic tests, assess the resident for clinical changes, and consider alternative diagnoses
- Can narrow, shorten, or stop antibiotic therapy

SBAR Communication Tool Template for Antibiotic Time-Out

S	**Situation:** I am calling to follow-up on [resident's name: _____] who was started on antibiotic(s) recently.
B	**Background:** This patient was started on: Antibiotic #1: _____ Start date: _____
A	**Assessment:** Current vital signs: BP____ /____ HR_____ Resp. rate_____ Temp._____ 0_2 Sats.____ Since starting antibiotic(s), the resident: ☐now has *no* signs or symptoms of infection ☐has remained the same ☐has improved but continues to have signs and symptoms of: _____ ☐has *new or worsening* signs/symptoms of: _____ Microbiology culture result (fax microbiology report if available): ☐has not returned yet ☐has *no* growth ☐was not obtained ☐has positive Gram stain/growth of [specify Gram stain/microorganism: _____] Is susceptible to the antibiotic(s) prescribed: ☐Yes ☐No ☐Don't know ☐Not tested by lab ☐Not yet performed by lab Other antibiotics the organism is sensitive to: _____
R	**Recommendation:** ☐Patient **is not improving** and needs further evaluation. ☐Patient **has improved** and needs final antibiotic therapy plan.

☐Other (Please specify): _____

Physician Signature:	Date/Time:

Please Fax Back To: _____ or ☐ **Telephone Order**

File Under Physician Order/Progress Notes

ASAP

https://asap.nebraskamed.com/long-term-care/tools-templates-long-term-care/

Measuring Antibiotic Use

- Allows identification of potential goals for the AMS program and tracking progress towards the goals
- Metrics include
  - Days of therapy / 1000 resident days of care
  - Defined daily doses / 1000 resident days of care
  - Antibiotic starts / 1000 resident days of care
- If possible, IP and consulting or dispensing pharmacist work together to collect, analyze, and share these data
- Your EMR can usually do this for you!

Antibiotic Starts Line List

RESIDENT INFORMATION				CLASSIFICATION:					
						Stone et al. (2012) surveillance definition met?			
Unit Name	Resident Name	Room #	Admit date	Infection Type	Body System of Infection	Y/N	If Yes, Specify Type:	Community-Onset? Y/N	Facility-Onset? Y/N

HISTORY						
Symptom(s)	Onset Date	Device Type(s)	Date(s) of Insertion	Date(s) of Removal	Device days	Infection Risk Factors

DIAGNOSTICS (microbiology, other labs, radiology)							ANTIMICROBIAL STARTS (1)								
					Antibiotic Resistant Organism?		Number of Different Antibiotics Currently Prescribed	Drug, Dose, Route Frequency	Provider	Antibiotic Rx Origination	Start Date	End Date	Total Days of Therapy (1)	Meets Criteria? Y/N	Antibiotic Reassessment (Antibiotic "Time outs") performed? Y/N
Y/N	Collection Date	Type of Test	Specimen Source	Results (Organism colony counts for urine)	Y/N	If Yes, Specify:									

https://qioprogram.org/sites/default/files/editors/141/Copy%20of%20apxl.xlsm

Monitoring Antibiotic Use

- Review residents' antibiotic prescriptions upon admission or transfer, and any by a prescriber who is not part of the facility staff
- Periodically (quarterly) review a subset of antibiotic prescriptions for documentation of dose, duration and indication
- Review antibiotic use data for excessive use of specific antibiotics
- Share your facility's antibiotic use data in written reports
  - Overall facility use – share with administration, staff, RFC, and QA committee
  - Each provider's use - shared only with provider
  - Include recommendations for continuing or changing practices

Monitoring Resistance Data

- At least annually, review surveillance data for antibiotic resistant infections
  - eg: MRSA, CRE, CDI
- At least annually, provide feedback on surveillance data in the form of a written report
  - Share with administration, medical and nursing staff, allied health professionals, the resident and family council and the Quality Assurance committee
- Create or review an antibiogram (report of antibiotic susceptibility patterns of bacterial isolates)

Education

- At least annually, educate prescribers, medical, and nursing staff on antibiotic stewardship and on your antibiotic use protocols
- Share your facility's antibiotic use and resistance data
- Include residents and families in education through AMS info in the admission packet, displaying a commitment letter, and sharing pamphlets
- **Do not rely on the acute care facility to train your prescribers. The needs are different and their training does not cover your facility**

Implementation

- To begin, conduct a focused assessment of ongoing antibiotic use
- Identify targets that are small, readily measured, and changeable
- Document measures at baseline and after implementing a change, along with description of the change implemented
- Consider your ongoing efforts in developing an AMS program
  - IPC protocols
  - Communication tools
  - Educational materials
  - Feedback to prescribers

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